MARYLAND STATE DEPARTMENT OF HEALTH

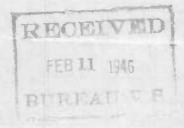
2411 N. Charles St., Baltimore 186-0

01008

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	(For newborn Infants give residence of mother)
County VI PO 1	State DELAWARE County SUSSEX
City or town	CONTRACTO
How long in above place of death?	City or town (If ontside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
Vinnigald Gund Hospital	Street No
How long in hospital or institution?	2.(a) If veteran, name war
	3. (b) Social Security Number
J. O DELITOH WI	PLTER BAKER) 3.(0) Social Security Number 221-05-6434
4. Sex 6. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 40
made W MARRIED	2D. DATE OF DEATH
8.(b) Name of backged or wife. MARY JANE HILL	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If alive, give ege	19 10 10
	and that I last saw h. Mattive on Say 19.
deceased (mo., day, yr.)	Immediate cause of death, DURATION
8. AGE: Years Months Days If less than one day	Fractive Cornel Votetine 2 / has
64 8 5hrsmin.	
	Due to
9. Birthplace PITTS UILLE, MARYLAND (Town, county, and state)	
10. Usual occupation CARPENTER	Dus to
11. Industry or business Wm F. BAKER	0
	Dither conditions
	(Include pregnancy within 3 months of death)
14. Maiden name ADLINE LEWIS	Major findings of operations.
14. Malden name ADLINE LEWIS 15. 8irthplace UNKNOWN 15. 8irthplace UNKNOWN	Major Hadings of operations.
2 15. Stringiate CINTAGORIA	. None
16. Informant MITKY VIING OIT L	Antopsy results
Address CONCORP, DELAWARE	22. VIOLENCE: If death was due to external causes, fill in the following:
17 GURIAL (Burlal, carried of Which?) Date thereof JAN. 16 1946	Accident, suicide, or homicide.
	Accident, suicide, or nomicide.
Cemetery or crematory. CONCORD CEMETERY	Where did injury occur? hear Seaford Susan State (City by town) (County) (State) Lived of home form Industry public place (where?) work on house
Location CONCORD DELAWARE	Injured at nome, tarm, industry, public prace (andres)
18. Funeral director m. L. Watson &	Means of Injury Fell from accompally injured at work? Yes
	jakodemahor mp
Address SEAFORD, DELAWARE	23. SIGNATURE alekety had gam, weloning 6.
10 1/12 19 dl 6. Ragget 2. Dr	a. D. St. Start
19. (Date rec'd by registrar) 19 6 Rogistrar	Address Daluking Net Date signed 12/4t



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 33-d CERTIFICATE OF DEATH

01009

City or town. If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, instillution, or street address where death occurred:	City or town. City or town timits, write RURAL and give nearest tow. Street No City or town. City or tow	*************
3. (a) FULL NAME	3. (b) Social Security Number	
Grwilla F. Barelay 6. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced		
	MEDICAL CERTIFICATION	
7 Col. married	2D. DATE DF DEATH 9 au. 1946 al. 5	:3.4.P.M
6.(b) Hame of husband or wife 28 compston Barclay 7. Birth date of 6.(c) If alive, give age 6.5 years	21. I CERTIFY that death occurred on line date above stated; that I atlended deceased from	.19
deceased (mo., day, yr.) World lever 1802		URATION
8. AGE: Years Months Days If less than one day	Corono Thombasis suc	ldn
67 !	de	28
9. Birthplace Marticole, Uliconico Co, Md (Town, coduty, and state)	Due 10	
to. Usuat occupation 2 to the later of the second of the s	Due to	
11. Industry or business 12. Name charles ones 13. Birthplace Danlesbe, Md.	Dither conditions throng mysecords 2	n.
	(Include pregnancy within 3 months of death)	
14. Maiden name. Tellie Long 15. Birthplace Dantes bee, md.	(Include pregnancy within 3 months of death) Major findings of operatious	
\$ 15. Birthplace Marticolor, Md.	Date of op.	
18. Informant 76 augston Baulay	Autopsy results	17
Address Manticole, Md.		ny.
17. Burial, cremation, or removal. Which?) Date thereof Jan. 23,1946 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	*************
Cemetery or crematory lemelling nauturble	Where did injury occur?	0,000,000000000000000000000000000000000
Location near gesters store	Injured at home, farm, industry, public place (where?)	••••••
18. Funeral director	Meens of injury Injured at work?	
Address Bine he Mid	flekallen let gow	
19. Jan 21 1946 M. Marlford Walte	23. SIGNATURE M.D. or other	
(Date rec'd by registrar)	Address Halisbury Med Date elegand 2	11/4



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

01010

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County January	
City or town	State County Williams
How long In above place of death?	City or town
Hospital, Institution, or street address where death occurred:	
	Street No
How long in hospital or institution?	2.(g) If veteran, name war
3.(a) FULL NAME	
3. (a) FULL NAME	3. (b) Social Security Number
Merella Jugle B	arkless
4. Sex 5. Color or race 6.(a) Single, matried, widowed, or divorced	MEDICAL CERTIFICATION
7 Port semale	20, DATE DE DEATH
X Your State of the state of th	
6.(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that I allended deceased from
	Llee 3 0 19 J S, 10 J Ju 6 19 L S
7. Birth date of deceased (mo., day, yr.) Suckey / 1929	and that I last saw hallve on19
8. AGE: Years Months Days It less than one day	Immediate cape of death
o. Add.	Maloronery Scherellows
/6 6hrsmln.	
9. Birthplace 7 (Town, county, and state)	Due to
(Town, county, and state)	
1D. Usual occupation.	Duo to
11. Industry or business	7 (a
= 12. Name Manual Bankley	Diher conditions
13. Birthplace Manticoke, Mts	
	(Include pregnancy within 3 months of death)
14. Malden name	Major findings of operations
\$ 15. Birthplace Company to the contraction of the	Date of op.
16. Interment Marroe Barbley	Autopsy results
The file	PHYSICIAN: Please underline the cause to which death should he charged statistically.
Address I antitory My	22. VIOLENCE: If death was due to external causes, fill in the tollowing;
(Burial, Cremation, or removal, Which?)	Accident, suicide, or homicide
. (1)	
Cemetery or crematory. The state of the company of	Where did injury occur?
Location Thebolic Association State	Injured el home, farm, Industry, public place (where?)
124 - 1	Means of Injury Injured at work?
18. Funeral director.	
Address Bevalve Mo	23. SIGNATURE A Colley Yelle
Can a 46 Rylates of Mall	A. D. of other
19. (pate rec'd by registrar)	Address Haulerfe, See signey 8/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING VS A15

(pate rec'd by registrar)

FEB 6 1946
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

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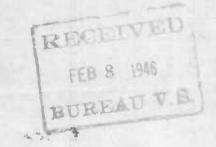
PLEASE WRITE PLAINLY, WINH UNFADING INK. Supply every item of information carefully. The cork is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

CERTIFICATE OF DEATH

		099	
eg.	Diat.	No.	

1. PLACE OF DEATH: Wicomises	.2. USUAL RESIDENCE (HOME) OF DECEASED: (For newboru infants give residence of mother)
	State
(If outside city or town limits, write RUBAL and give nearest town)	
How long In above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Rospital, Institution, or street address where death occurred:	Street No
***************************************	(If rural, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Eliza Em Blake	3. (b) Social Security Number
4. Sex 5. Color of race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Semale Black Hidowed	101
1	20. DATE OF DEATH DAN 2 19 HO at 20 HU PN
6.(b) Name of husband or wife	21. I CERTIFY that dath occurred on the date above stated; that I attended deceased from
B.(c) If ellive, give ageyears	
7. Birth date of deceased (mo., day, yr.) Dao, 30 - 1847	end that I last saw hallve on
8. AGE: Years Months Days If less than one day	Immediate cape of death DURATION
98 99- 0 , 3	asterio celerotes heart
a Richalde Correllarelle Md	Build -
9. Birihplace (Town, county, and state)	Due to
10. Usual occupation Hornsonce	
11, Industry or business	Due to
×	
12. Name ON ROLL	Dther conditions
Z 13. Birthplace	(Include pregnancy within 3 months of death)
E 14. Maiden neme UNILLINOUN	
15. Birthplace	Major findings of operations.
7/ 7/1 / 21	Date of op.
16. Informant July Marketter and State of the State of th	Autopsy results
Address Parsons burg Hd	
17 Burial Date thereof San 5-1946	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or remoyal, Which?) Date thereof. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Tlass / Yill	Where did Injury occur?
Location Mar Parson Alung and	Injured at home, farm, Industry, public place (where?)
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Means of Injury Injured at work?
18. Funeral director Mana Howard Welld.	- P. 11/1/N
Address Tillsville, md.	Kron K. VALLE DALL MI.O.
1/9 11/ 1000	23 SIGNATURE M. D. of other
(Date rec'd by registrap)	Margar Dalla luce Mall Mal. Bata stoned Day



	Dr.	Incles
t age		Insley

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 47d

CERTIFICATE OF DEATH

Reg.	Diat.	No.	333
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01(12

1. PLACE OF DEATH: A PARTIE CO.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Ceunty	State Ind of Sound Micomic
City er town	1 - 1 - 1011-
How long in above place of death?	(If outside city or towe limits, write RURAL and rive uearest town)
The state of the s	Sireet No. 2 2. Theut Mult
How long in hospital er institution?	2.(a) If veteran, name war. World War #
3. (a) FULL NAME Elney Raymond	Buddell 3. (b) Social Security Number
4. Sex 5. Color or ree 6.(a) Single, married widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. Sem. 8 19 6 at 11 25 M
B.(b) Name of husband or wite. Else M. Buddel	21. I CERTIFY that death eccurred on the date above stated; that lattended deceased from
7 Right date of years	Dec 10 18.45 10 Jan 8 . 18/6
7. Birth date of deceased (mo., day, yr.) May 4-1893	and that I last saw h. I. A. alive on
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
52 8 9mio.	Carquire 1 terus.
2. Birtholace Care Charles Tuginia	Due to.
Post County, and atate)	
10. Usual occupation.	Due to
11. Industry of Business	
12. Name Proclement Ind.	Other cooditions
14. Maiden name Blanche Powelle	(Include pregnancy within 8 months of death)
15. Birtholace Hear Princers anne Ma	Majnr findings ol nperations
me coi u middie	A
Address 102 E. Folunt of Salishy Med.	Autopsy results
Busico 9400 111-41	22. VIOLENCE: If death was due to external causes, fill in the fellowing;
17. (Burial, eremation, or regional, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or cramatory with the comments of the	Where did injury eccur?
Location Salutry maryland	Injured at heme, farm, Industry, public place (where?)
18 substitutions of Co. Walter R. Hollo	Meaus of Injury Injured at work?
Address Salith Md	1 10 0 40
Mulico And De And De	24. SIGNATURE M. D. or other
19. (Date ree'd by regettyr)	Address Bals buty M. Date signed 1/10/46

FEB 4 1946 BUREAU V 8

WITH UNFADING INK. important. Physicians: p

PLAINLY, is especially

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WRITE

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFIC

01613

M.D. or other Date signed

2. USUAL RESIDENCE (I (For newborn infants g	HOME) OF DECEASED:
State	
City or town Salisbur (If outside cit	TY. ty or town limits, write RURAL and give nearest town)
Street No400504	th Division St. (If rural, give LOCATION)
2.(a) If veteran, name war	
	3. (b) Social Security Number
	214- 10 - 7387
	EDICAL CERTIFICATION
20. OATE OF OEATH	Jan. 19. 19.46 II I
21. I CERTIFY that death occurre	ed on the daie above sizted; that I attended deceased from
	7 19.49, to Jan 19.11
	be on 1 a 1
Immediate cause of death	1
	The state of the
10	
Due to	etis miller 10%
Due to	
Other conditions	
(lnclude preg	nancy within 3 months of death)
Major fiadings of operations	
Autopsy results	***************************************
ratopo, recame	the cause to which death should be charged statistically
PHYStCIAN: Please underline	***************************************
PHYStCIAN: Please underline 22. VIOLENCE: If death was d	the cause to which death should be charged statistically ine to external causes, fill in the tollowing:
PHYStCIAN: Please underline 22. VIOLENCE: If death was d Accident, suicide, or homicide	the cause to which death should be charged statistically lue to external causes, fill in the tollowing; Date of
PHYStCIAN: Please underline 22. VIOLENCE: If death was d Accident, suicide, or homicide	the cause to which death should be charged statistically ine to external causes, fill in the tollowing:
PHYStCIAN: Please underline 22. VIOLENCE: If death was d Accident, suicide, or homicide Where did injury occur?	the cause to which death should be charged statistically lue to external causes, fill in the tollowing; Date of

1. PLACE OF DEATH: Wicomico Salisbury
(If outside city or town limits, write RURAL and give nearest town) Hospital, Institution, or street address where death occurred; 400 South Division St. How long in hospital or institution?..... 3. (a) FULL NAME 4. Sex White Married Female 6.(b) Name of husband or wife... James... S. Chatham 6.(c) It alive, give age .6.7 7. Birth date of deceased (mo., day, yr.) 8. AGE: 68 Wicomico Co. Md (Town, county, and etate) 10. Usuat occupation.......Housewife & Inspector 11. Industry or business Shirt Factory 12, Name William Sullivan 13. Birthplace Wicomico Co. Md Mary Livington 14. Maiden name.... Vicomico Co. Md 15. Birthpiace 16. Informant James Chatham to The Salisburyd Address Burial Date thereot. L. (Burial, cremation, or removal, Which?) Cemetery or crematory Parsons Semetery Salisbury, Md 18. Funeral director. The Hill & Johnson Co. Address Salisbury, Md



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (300)

(111)14

CERTIFICAT	Reg. Diat. No.
County City or town County (If outside city or town Emits, write RURAL and give nearest town) How long in above place of death?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in hospital or institution?	Street No
	2.(a) If veteran, name war
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	3. (b) Social Security Number
male a.a. Marred	MEDICAL CERTIFICATION 20. DATE OF DEATH. 3. 4. 6 A
6.(6) Name of husband or wife San Cala College South Rename T. Black Solve age Jeans Jea	21. I CERTIFY that death occurred on the date above stated: that Lattended deceased from
7. Birth date of deceased (mo., day, yr.)	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death
about 67	(IBADOLILA)
9. 8irthplace Branch (Town, county, and state)	Due to.
10. Usual occupation. Adjunctally	Sue to
11. Industry or business Sailar.	oue to
E 12. Name Janes lahurth	Diher conditions
	(Include pregnancy within 8 months of death)
14. Maiden name School Salle 15. Birthplace Towartile	Major findings of operations.
16. Informant Man Beille Lale	Autopsy results
Address Quantille md	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Bate thereof 2 3 ~ 1946 (Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory and and the	Where did injury occur?
Location Quantita	Injured at home, farm, industry, public place (where?)
18. Funeral director Masses the Stuttent	Means of Injury Injured at work?
Address // Clinking md	Walley Frold.
13 July 23 19 46 mis my walls	23. SIGNATURE M. D. or other Address Saludies M. D. or other Date signed of 344

Address Salisbury md.

FEB 5 1946
BUREAU V.

JARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (117-6)

CERTIFICATE OF DEATH

01015

	Keg. Diat. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County W. Connuis	(For newborn lufants give residence of mother)
ity or town Salislering	State County Meaning
(If outside city or town limits, write RURAL and give nearest town)	City or town Charlouse
w long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
pital, institution, or street address where death occurred:	Street Ne.
enssell deresel No pular	(If rural, give LOCATION)
w long In hospital er Institution?	2.(a) if veteran, name war
(a) FULL NAME	3. (b) Social Security Number
Pro- all Con Toland	** The state of th
Sex 5. Color or face 6. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
No 14 4	MEDICAL CERTIFICATION
Il while Married	20, DATE DE DEATH Que 2 19.4 6 at 8 A
Mary to Cornell	21. I CERTIFY that death occurred on the date above stated; that t extended deceased frem
(O) Name of husband or wife	"" Due "45" - Um 3 104
V. 6.(c) If alive, give age ye	agre
Birth date of deceased (mo., day, yr.) May 25 187.	end that t last sawh
AGE: Years Months Days If tess than one day	Immediate cause of death DURAJION
	teft Pyenephrosis 21 da
70 7 8 1m	JII. /
Birthplace New Moscow Ohio	Due to
Town, county and sate	
Usual occupation	Due to
Industry or business .	
11 - 10 mm 10 V	Dther conditions Ruptured durdenal alex 10 day
12. Name Thomas It- Vorsell 13. Birthplace Onix	
	(Include pregnancy witten 3 months of death)
14. Maiden name Lillis Bown 15. Birthplace Ohig.	Major liadines of operations, Patrontel wheer duroden
15 Richniger	sent choleyster Date of op Alace 120 6
R.J. 1-6	1-110
8. Informant	Autopsy results. The cause to which death should be charged statistically.
Address 1646 Newton N. W. Hashing	Colo
Busial 1-5-Ode	22. VIOLENCE: If death was due to externat causes, fill in the following;
(Burial, cremetion, or removal. Whitehr) Date thereof (month) (day) (year)	Accident, suicide, er homicide
Cemetery or crematory D. Tirenians 194	Where did Injury eccur?
24 - 12	
Location Raywoure	injured at heme, farm, industry, public place (where?)
6. Funeral director Unaversor Bros	Meens of Injury injured at work?
No de la	0 1 1
Address Mayboure 110	3 SIGNATURE TO Cade
1/5 , H6, Anggott ()	A M. D. or other
(Date ree d by registrar)	rar Address Dalla beary Date signed

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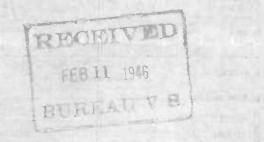
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

CERTIFICATE OF DEATH

01016

1. PLACE OF DEATH: Kelomile	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn in whits give residence of mother)
City or town Selection	State Md. D. A. My Recomes
(If outside city or town limits, write RURAL and give carest town)	City or town selecting
How long in above place of death?	City or town (if outside size or town limits, write RURAL and give nearest town)
6/2 Fary any	Street Ho(If rural, give LOCATION)
How long in hospitat or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Mattie ann Do	3. (b) Social Security Number
4. Sey 5. Coor or face 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
femer //fute //low	2D. DATE OF DEATH Jan. 12 1976, 21 913 PM
6,(b) Hame of husband or wife asakel R. Words	21. I CERTIFY that doesn't occurred on the date above stated; that Lattended deceased from
	18. 16 10 Jane 1 4 19 4 6
7. Birth date of deceased (mo., day, yr.) OU 14 1869	and thef I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death
76 3 2hrsmin.	The state of the s
9. Sirthplace Rew Jersey	Due to
(Town, county, and state)	
1D. Usual occupation.	Due to
11, industry or business	
12. Name Hammen	Dther conditioes
14. Malden name Millin	(Include pregnancy within 3 months of death)
15. Birthplace	Major findings of operations.
Mrs. Halberine Corners	Date of op.
18. informante (al) Pula Dec Labeter V Ma	PHYSICIAN: Please nuderline the cause to which death should be charged statistically.
Addrags of a . 1 and all . Sand of the	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or moval. Which)	Accident, suicide, or homicide
Cemetery or crematory Mulistorio Com.	Where did injury occur?
Location Milletono Octava	tnjured at home, farm, industry, public place (where?)
Hollowon & G. Weller R Holl	Means of Injury Injured at work?
Address Selville Mayland	1900
1/1/5 1/1/2 A A A A	23. STUMATURE M. D. or other
19. Date of d by registrar	Address Sulsohn hall Bate signed my 14



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

	- (11	1	7		
*	Reg.	Diat.	No.	3	3	7

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County Wilcomics	(For newborn infants give residence of mother)	
city or town White Haven Ind.	State Maryland county Wesomes	
(If outside city or town limits, write RURAL and give nearest town)	City or town White Haven md	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)	
Hospital, Institution, or street address where death occurred:	Street Ko	
d	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) It veteran, name war	
3. (a) FULL NAME	3.(b) Social Security Number	
1.1 00' 11 10 01.	3. (0) Social Security Number	
William H. Wolbey	none	
4. Sex 5. Color or race 6.(a) Single, married, widowed or divorced	MEDICAL CERTIFICATION	
M W Widowed	0	
	20. DATE DE DEATH SQUELLE S. 19.46 , at 10.0 A.M	
6.(6) Name of husbaod or wife E mana Wolley	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
	Success 519 46, 10 Canson 819 46	
7. Birth date of	and that I last saw h. Little alive on	
deceased (mo., day, yr.) Oune d7, 1860		
8. AGE: Years Months Days It less than one day	Immediate cause of death	
85 6 12hrsmin.		
1.10 .t. 91.1		
9. 6irthplace (Town, county, and state)	Due to	
~ 0.0		
10. Usual occupation.	Due to.	
11. Industry or business Flow well		
# 12 Name Depley W. Dollar	B1C	
5 1	Diher conditions	
	(Include pregnancy within 8 months of death)	
= 14. Maiden name Alextrictla Sampkens		
14. Maiden name Alexirotta Singhano 15. Birthplace mt Vermon md.	Major findings af operations	
21 13. Birinpiace		
16. Informant Mess Meldred Wolley	Antopsy results	
Address White Howen md	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
B	22. VIOLENCE: It death was due to external causes, fill in the tollowing;	
(Burial, cremation, or removal, Which?) Date thereof. A. A. A. A. C.	Mocldent, suicide, or homicide	
10.00		
Cemetery or crematory College Cameltry	Where did injury occur?	
Location White Hoven, mdl.	Injured at home, tarm, Industry, public place (where?)	
18. Funeral director. Dale Dashiell	Means of Injury Injured at work?	
18. Puneral director.		
Address Princesso Cinna, md	22 SIGNATURE & Colley Sulla	
On 11 My On O Yhala	23. SIGNATURE M. D. or other	
19. Autorec'd by registrar) Registrar	1-0-41	
Registrar	Address Date signed	

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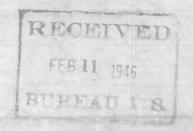
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3)

(11/18 Reg. Diat. No. 333

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Mesmile	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newporn interior give residence of mother)
County	IN THE PROPERTY OF
City or town.	State
(If outside city or town limits write RORAL and give nearest town)	i wence
How long in above place of death?	City or town (1f putside city or town limits, write RURAL and give nearest town)
Hospital, Ipotitution, or street address where death occurred:	
	Street No.
In Maga	(if rural, give LOSATION)
He too to be established as Institution?	
How long to hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Olevia Catherine	2 Succell 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
finale White Single	20. DATE OF DEATH Jan 18 4 19 46 at 1 15 9 M
6.(b) Name of husband or wifa	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
O(V) Name of measure of analysis	Jan 15 1946 to Jan 1866 1946
	19 10 19 7
7. Birth date of Jesus J	and that I last saw how alive on 19/
deceased (mo., day, yr.)	Immediate cause of death OURATION
8. AGE: Years Months Days If less than one day	
79/1 - 15	Cardial delong
hrs	
DIN D. H. III	
9. Birthplace 150. Fundance 179	Que to Between clarotic C-V-R
(Town, county, and atate)	
24 7/	
10. Usual occupation.	Oue to
At traductor as business A	
11. Industry or business	
12. Name 17 1 . WILLESTE	Other conditions
E / Me v. C Zer /- /- / he	yiger continues
13. Birthpigée / 12 CO , Co. Mar Javery /11	
# 1 man Jane Dennis	(Include pregnancy within 3 months of death)
# 14. Malden name	
15. Birthpiace Macheller G. md.	Major findings of operations.
El 15. Birthpiace	Oate of op.
Mr. Man: M. adken	
16, Informant	Autopsy results.
RDHI Blakelen med	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address//Notific Jaussey Ma	THE PART IS death was due to entered source this in the followings
1244 Pan 20-46	22. VIOLENCE: If death was due to external causes, filt in the following;
(Burial, cremation, or removal. Which?) Date thereof	Accident, suicide, or homicide
(Burial, elemation, of femous. Windows	
Cemetery or crematory	Where did injury occur?
His Phillielle mad	
Localios	Injured at home, farm, industry, public place (where?)
Helling of Wilt Palling	Means of Injury Injured at work?
18. Fuheral director	mount or injury
1 /21/ 20.00	
Address Salution My	28° SIGHATURE Amplhay with
11. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
19 1/2,0, 19 Hb. Coalee & & 1	M. D. or other
19. (Date pec'd by registryn)	Address Falishun and Date signed for 18,1946
	Manicoe all all all all all all all all all al



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N.

E DEPARTMENT OF HEALTH	01019
Charles St., Baltimore 159	2.7

CEDTIFICAT	TE OF DEATH Par Diet No 333
CERTIFICAT	TE OF DEATH Reg. Dist. No.
City or town (If outside city or town limits, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED (For newblen infants give residence of mother) State County C
How long in above place of death? Hospital, Institution, or street address where death occurred:	City or town
How long in hospital or instilution?	2.(a) if veteran, name war
3. (a) FULL NAME Elliott Baly Donald	2 Edward Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, withowed, or divorced	MEDICAL CERTIFICATION
male W Lugle	20. DATE OF DEATH 40, 21 5 8.
O (h) Name of husband on miles	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8.(c) Name of husband or wife 8.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) 8. A.G.E. Years Months Days If less than one day	19
o. Add.	
9. Birthplace	Due to
11. Industry or business 12. Name — — — — — — — — — — — — — — — — — — —	Other conditions
14. Malden name Level & Elevel 15. Birthplace Selevel	(Include pregnancy within 3 months of death) Msjar fiadiugs of uperatiuus
16. Informant Saucesing Election	Autupsy results
Address 17. (Burial, cremation, or removal Which?) Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory Alles All Country	Whera did injury occur?
Location Laurey Selaware	Injured at home, farm, industry, public place (where?)
18. Funeral director & Stacres Therein	Means of Injury Injured at work?
Address Dedelalaberry Md.	23. SIGNATURE MUST MOVED
10 1/H 10 HG. The aggle of S. Oshu	M, D, or other
(Date red d hy registrar)	Address

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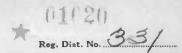
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-6)

CERTIFICATE OF DEATH



1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For nowhern infanta give residence of mother) State County City or town. (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veferan, name war.
3.(a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color for race 6.(a) Single, married, widowed, or divorced Male 70: 6.(b) Name of husband or wife B.(c) If alive, give ageyears	MEDICAL CERTIFICATION 2D. DATE DF DEATH
7. Birth date of deceased (mo., day, yr Assured 30 / 8 9 8 8 8 8 AGE: Years Months Days 11 less than one day	and that I last saw h. ALC alive on JULIAN DURATION Immediate Jause of death. Due to.
10. Usual occupation	Due to Dither conditions
14. Maiden name Many fragger 15. Birihplace Suffering Many fragger 18. Informant Many Many fragger Address Address Many Many Many Many Many Many Many Many	Major findings of operations
(Buriai, cremation, or removal. Which?) Cemetery or crematory	Accident, suicide, or homicide
18. Funeral directors Address Statement State 19. May 16. 1846 Miss Mallec Registrar Registrar	23. SIGNATURE Billiau Sur Riell Address. Helrar - M. Date signed July 1693

FEB 5 1946
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3. (b) Social Security Number

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PLAINLY, is especially

CERTIFICATE OF DEATH

 USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Wicomico (If outside city or town limits, write RURAL and give nearest town 104 State (If rural, give LOCATION)

Mary Ellen Elliott

(If outside city or town limits, write RURAL and give nearest town)

66 vears

B.(a)Single, married, widowed, or divorced Married

Wm.Burton Elliottt

... 8.(c) It alive, give age ... Nov. 24.1860 deceased (mo., day, yr.)

it less than one day Years 8. AGE:

Sussex County, Delaware 9. Birthpiace ... (Town, county, and state)

House work

10. Usual occupation Home

11. Industry or business

1. PLACE OF DEATH: County Wicomico

How long in above place of death?..

How long in hospital or institution?. 3. (a) FULL NAME

Female

Delmar

Hospital, Institution, or street address where death occurred:

04 State Street

White

Geo. W. German 12. Name......(

Sussex County, Del. Watilda Hastings

14. Maiden nar 15. Birtholace Sussex County, Delaware

William Burton Elliott

Lelmar. Delaware

Burial Jan-8, 1945 Date thereof (Burial, eremation) of penjoyal. Which?) (month) (day) (year)

Cemetery or crematory X.

Delaware Delmar

20 DATE DE DESTU	January 5	1.46 17.20
Jan 2	coursed on the date above stated; the	Jan 5 194
and that I last saw hC.I	Entered from	DURATION DURATION
sell pera	al parky -	3 car
Astein	o Selvono	8 2m
Due to.		
(Include	pregnancy within 3 months of dea	th)
Major findings of operation	D&&	***************************************
	D	
	erline the cause to which death sho	

22. VIOLENCE: if death was due to external causes, fill in the following: Accident, suicide, or homicide.

Where did injury occur? (County) (City or town)

injured at work?

injured at home, farm, industry, public place (where?) .. Means of Injury

M. D. op other



VS.A15

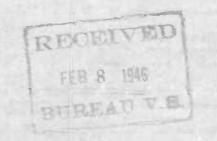
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (98%)

CERTIFICATE OF DEATH

WIH.	199_	
Reg. Diat.	No. 3.	33

1. PLACE OF DEATH: My Comics	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. (If outside city or town limits, write RURAL and give nearest town)	State County
How long in above place of death?	City or town
Hospital, legitoflogt or obtaget address where death focurred:	Street No. 4/3 Dans / ct.
	(If rurai, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME Julia Emma E	3. (b) Social Security Number
4. Sex S. Color or rate 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. MEDICAL CERTIFICATION 19. 45 - 1 5 P. M.
8.(6) Name of husband or wife. Thomas Ennis	21. I CERTIFY that death opcurred on the date above stated; that lattended deceased from
Noad	10153145 to 10 11 XL
7. Birth date of	and that I last saw h
deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day	Immediate cause of death
6. AGE: 94 1 21	La de Joseph
9. Birthpiace (Town, county, and state)	Due to Reserve /055
10. Usual occupation.	Due to
11. industry or business at 14 me	
12. Name	Other conditions
a: 13. Birthplace // Come a G. Mag	(Include pregnancy within 8 months of death)
E 14. Maiden name	Major findings of operations
15. Birthplace Willomile C. Md.	Date of op.
16, Intermant Me. Heefert Sturges	Antopsy results
Address Saluty med	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Buriel 1 9an. 4-194	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, eremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory of the Central C	Where did Injury occur?
Location Location Porcellecte Ma.	Injured at home, tarm, industry, public place (where?)
Hollman & G. Welley 19 Hell	Means of Injury Injured at work?
16. Funeral director.	7 1 6000 X.000
Address sawy and	23 SCHATURE DULLE - COLOR
19. (Data pard by springer)	Address nontuch Par signed



PLEASE WRITE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 95-0 CERTIFICATE OF DEATH 01023

1. PLACE OF DEATH: Willowill	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
X = 0 : 0	State Md County sulbmile
City or town	2 - 1
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or streef address where death occurred	Sireef No. 20.7 Allastanl
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
annie Momas Yayle	no
4. Sex 5. Color or race 6.(a) Single, married, widowed, printvorced	MEDICAL CERTIFICATION
semale a a manued	20. DATE OF DEATH
(6.6) Name of husband or wife & dayle Gayle	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
(Don't know	7-15 19 45, to 1-30 1946
7. Birth date of	and that I last saw h. alive on
deceased (mo., day, y/s about 1875	Immediate cause of death
8. AGE: Years Months Days If less than one day	Notival sequence of cardific asthmals one days
about 7 min.	for finish the state of the sta
9. Birthplace (Town, county, and state)	Due to Casaron last ana.
_//	
1D. Usual occupation. A. Charles Market Company	Due to My d COSSEAL Commander
11. Industry or business Offme les aleane	
12. Hame Williams Justey 13. Birthplace Quantito mile	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name francesetta white	
15. Birthplace, Domes Quarter med	Major findings of operations
Xa al Marie	
16. Informant 2 and all all	Actorsy results
Address Saleslewy md	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial cremation or removal Which?) (Burial cremation or removal Which?) (Burial cremation or removal Which?)	Accident, sutcide, or homicide
B. The sent	Where did injury occur?
Cemetery or cramatory as a supervision and a sup	
Location Sugantila my	Injured at home, farm, Industry, public place (where?)
18. Funeral director fames of Suwart	Means of Injury Injured at work?
Address Address Mid	S THE WARD MAD
a 10 111 to 1000	23. SIGNATURE M. D. on other
19. 0 1 19 10 0 0 10 19 19 19 19 19 19 19 19 19 19 19 19 19	Address & S. W. Main ST'S Hur Date stoned 2-1-46

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1 DIACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 700

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:

01024

Reg. Dist. No. 333

county Wilongut	(For newborn infants give residence of mother)
City or town	Frankland
How long in above place of death?	City or town
rospital, institution, or street address where death occurred:	Street No.
Inmoult Typical to pulat	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	2 Southy 3.(b) Social Security Number
4. Sex Solor or race S.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male w!	20. DATE OF DEATH. 901 28 19 4 6 21 7 2 M
8,(6) Name of husband or wife. Maa. Une and Goods	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6,(c) If alive, give ageyears	
7. Birth date of deceased (mo., day, yr.) June 22 22 1915	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
30, 1 (hrsmin.	
9. Birthplace Saluty mayland	Due to.
(Town, county, and sental)	
10. Usual ecupation.	Due to
11. Industry Business William Builton Soude	Other conditions
12. Hahr Villian Bellon Body 13. Birthplace P.O. Oelma ma	(Include pregnancy within 3 months of death)
	(Include pregnancy within 8 months of Geath) Major findings of operations.
14. Maiden name Libert 200 200 200 200 200 200 200 200 200 20	Major haddings of operations
16, Intomany. N. Burton Spray	Autonos vasalta
Address Freutland md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
D 0 90. 31-194	2. VIOLENCE: It death was due to external causes, till in the following;
17. (Buriai, cremation, or removal. Which?) Date thereot (method) (day) (year)	Accident, suicide, or homicide
Cemetery or Jematory	Where did injury occur?
Location Med.	Injured at home, tarm, industry, public place (where?)
18. Edneral directions of the Notation 18. Hold	Means of Jojury Jajured at work?
Address Saletyly med.	23. SIGNATURE TILL TO GRANUL MELLO
1/2/W/ Hala of 2 Os	there are a second of the seco
(Date red by registrar)	Address Date signed

RECEIVED
FEB 11 1946
BEFFATTERS

DI LCE OF DELTH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01025

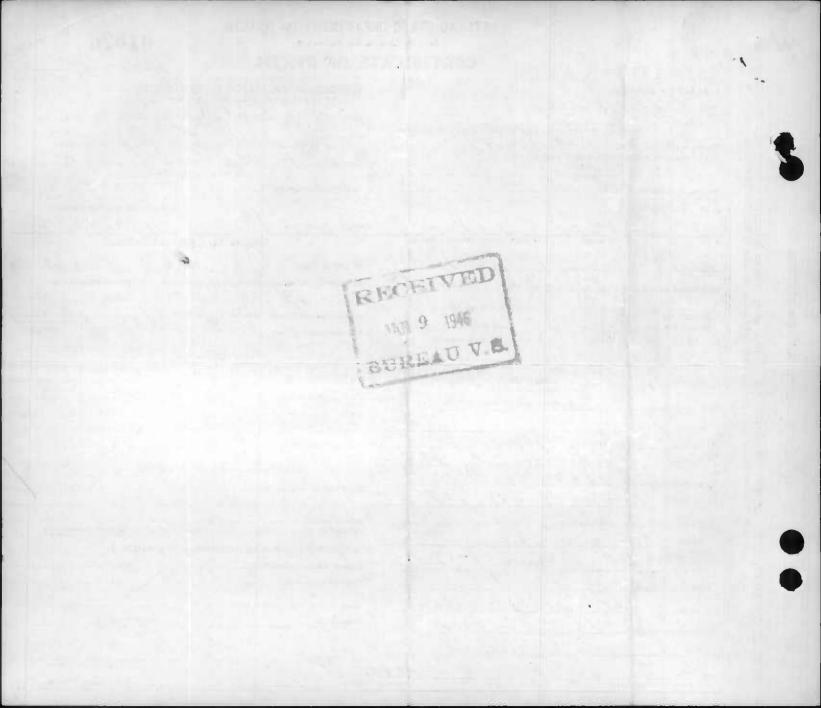
CERTIFICATE OF DEATH

I A MOULE DESIDENCE (FECARET) OF DECELORD

			9	-	9
Reg.	Diat.	Non			

County Wicomico					(For newborn infants give residence of mother)			
COURTY			State Maryland County Wicomico					
(If outside city or town limits, write RURAL and give nearest town)			City or town Fruitland Maryland (If outside city or town limits, write RURAL and give nearest town)					
How long in above place of death? Since 7/21/45		(If outside city or town limits	, write RURAL and gi	ve nearest town)				
Hospital, Institution, or street address where death occurred:		Street No						
	Eastern Shore Tuberculosis Sana. How long In hospital or Institution? Since 7/21/45		(If rurn), give LOCATION)					
		titution?	.G.E	6.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	***************************************	2.(a) If veteran, name war	. ** * * * * * * * * * * * * * * * * *	
3. (a) FULL	NAME						3. (b) Social Secu	urity Number
Gri		, Laur	a En	nis				
4. Sex	5	. Color or race	6.(a)Single	e, married, widowed, or o	divorced	MEDICAL CE	ERTIFICATION	1
Female	1	White		Widow		20. DATE OF DEATH January	3 146	5 ,11:45P
6.(b) Name of 1	husband or	wife Will	iam J	. Griffin	n	21. I CERTIFY that death occurred on the date abo		
			6 (4	e) If alive, give age	WAGER	July 21 194		
7. Birth date of		A 120712	c+ 15	, 1875	years	and that I last saw h.e.ralive onJar	nuary 3	1946
deceased (m	o., day, yr.) Years	Months	Days	1 If less than one day		Immediate cause of death		DURATION
8. AGE:					1000			
	70 4 18min.		Pulmonary Tuberculosis		20 ms.			
9. Birthplace Worcester County Maryland (Town, county, and state)		Due to						
1D. Usual occu	pation.Ca.	nning F	actor	y	*************************	Due to	,	
11. Industry or	business							
H 12, Name.	Jam	es S. E	nnis			Other conditions		
12. Name.	ace Wo	rcester	Coun	ty Maryla	and			
141						(Include pregnancy within 3 n		
6						Major findings of operations	100	
15. Birthplace Berlin Maryland			Date of op.					
16. Informante.	m.	Nelles	~~ /	mellin		Antopsy results		
Address	76 6	of Bld	4. El	kelle 7	ma	PHYSICIAN: Please underline the cause to wh	ich death should be cha	arged statistically.
R.	ar and	0 0	1	. Or air	10-41	22. VIOLENCE: If death was due to external cause		
(Burlal, ere	mation, or	rem val. Which?)	Date there		y) (year)	Accident, suicide, or homicide	Date of	
Cemetery or	Prematory	mu	len	/am	p	Where did injury occur?(City or town)	(County)	(State)
	YHL	uter	Ces.	man	Canal	Injured at home, farm, Industry, public place (wh		
Location	11.	ema +/	2 /	Ila Al	11/1	Mista of Injury	Nured at work	?
1B. Fumeral di	recto							
Address	sal	fly	ma	nglan	al ,	(Kom 0	when	
1	11	/11	1 4	don't	2-9 04	23, SIGNATURE		I. D. or other
19(Date pec'	d by regist	rar) 19.	1 06	that the harbarding	Registrar	Address Show Hill, Mai		





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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Bd

CERTIFICATE OF DEATH

	000
Reg. Dist	No. 333

01027

1. PLACE OF DE	ATH:			2. USUAL RESIDENCE (HOME) (For newborn infants give residence of	F DECEASED:	
County Wic	mico	**************	***************************************			
			URAL and give nearest town)	State Co City or town Salisbury (If outside city or town limit		
	of death?2.IX. street address where d		3	(If outside city or town limit		
d:	t-Home-		***************************************		o LOCATION)	
How long in hospital o	r Institution?		***************************************	2.(a) If veteran, name war		
3. (a) FULL NAM					3. (b) Social Security No	ımber
4. Sex	5. Color or race	15.(a)Single	, married, widowed, or divorced	MEDICALO	ERTIFICATION	
						1
Female	White	Ma	rried	20. DATE OF DEATHJan.	23 1946 , 2	IO DA M
			1	21. I CERTIFY that death occurred on the date ab	ove stated; that I attended decease	d from
7 Right date of	***************************************	6.(c	If alive, give age	and that last saw h alive on	- 15/	10 46
deceased (mo., day,	rr.)					DURATION
8. AGE: Year	Months 9	1867	If less than one day	Immediate cause of death	- Lesson	DAULING
78	3	6	hrsmln.	Comanthio	***************************************	
9. Birthplace	Wicomico.	ouncy; and s	ate)	Due to Arlanooclerotes	C-V Drawe	***************************************
1D, Usual occupation		Due to.		******************		
11. Industry or busines	\$					
12. Name Hus				Other conditions		
13. Birthplace	Dorcester,	Co. Mc	l	(Include pregnancy within 8	months of death)	
된 14. Malden name	Suson Sher	man		Major findings of operations		
15. Birthplace	norcester.	Co. Mc	1	major indings of operations.		
16. Informant B. E. G	d T. Hill	•••••		Autopsy results		
Address Sali	sbury, Md					
17Parani.o]	Date there	of I/25/46	22. VIOLENCE: If death was due to external car		
				Accident, suicide, or homicide		
Cemetery or cremate	yParsons Ce	emeter	<i>I</i>	Where did injury occur?(City or town)	(County)	State)
LocationSo	lieburyMo	3		Injured at home, farm, industry, public place (w		
Location Salisbury, Md				Means of Injury	Injured at work?	
18. Funeral director	The TILL	ec 90111	15011 00.		1	
Address S	alisbury, N	rd		23. SIGNATURE Ambleson	les	
19.	3 6 19 /6 1	Has	Registrar	23. STORATORE.	M. D./or	2 X ' .0
(Date rec'd by re	gistrarj		Kegistrar	Address.	Date signed	K. J.

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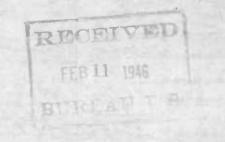
MARYLAND STATE DEPARTMENT OF HEALTH

241	ı N.	Charies	St.,	Balt	imore	Ed
CERTI	FI	CATI	E (OF	DE	ATH

01028

Reg. Dist. No.

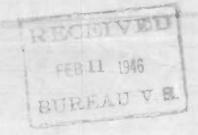
County	State City or town County County County City or town County City or town City or to
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME anna Hoffman	3. (b) Social Security Number
4. Say S. Rolor or ace 6.(a) Single, married, widely or divorced White Willow	MEDICAL CERTIFICATION 20, DATE DE DEATH SAN. 2341 19 46 - 70 M
8. (c) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 194 10 195 10 19
10. Usual occupation	Due to
12. Name ## ## ## ### ### ###################	Other conditions
16. Information, Mary Hoffman Advanction Ofted Maryland	Antopsy results
17. Burial, eremation, or passeal. Which?) Date thereof (poorth) (day) (year)	VIOLENCE: If death was due to external causes, fill in the following; mucident, suicide, or homicide
Location alifus Markens	Where did injury occur?
18. Puters director from The Many and 19. Ma	SIGNATURE M. D. or other Address Sulvolum M. D. or other Address Sulvolum M. Date stened Address L. 4



01029

M. D. or other

ILM No. I O O FEB 14 1946 CERTIFICAT	TE OF DEATH Reg. Dist. No. 333
icounty	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
B. (a) FULL NAME	3. (b) Social Security Number
Sex 5. Color or race 6.(a) Single, married, widowed, or divorced John Mame of husband or wife	MEDICAL CERTIFICATION 20. DATE OF DEATH
Birth date of deceased (mo., day, yr.) B. AGE: Years Months Days I filess than one day 57 - Months Days min.	and that I last saw halfe on 19 DURATION DURATION
D. Usuat occupation	Due to
11. Industry or business	Due fo
12. Name 12.	(Include pregnancy within 3 months of death)
14. Malden name	Major findings of operations
E 15. Birthplace 15. Birthplace 16. Informant	Autopsy results
Address Date thereof (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cometery or crematory Location Location Language	Where did injury occur?
18. Funeral director	Means of Injury Injured at work?



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d

CERTIFICATE OF DEATH

U1030
Reg. Dist. No.33.0

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	That Telegrania &
City or town (II outside city or town limits, write HULAL and give nearest town)	State County County
How long in above place of death?	City or town. (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
	Street No
How tong in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4, Sex 3. Color or race 5.(a) Siogle, married, widowed, or sivorced	
4. Sex S. Color or race S.(a) Slogle, married, widowed, or divorced	MEDICAL CERTIFICATION
M. W. Widshed	20. DATE OF DEATH Sanguary 28, 19.46 , at 8:00 A
8.(b) Name of husband or wife Manthan A. Middley	21. I CERTIFY that death occurred on the date above spred; that lattended deceased from 4
7. Birth date of	and that I last saw h. Allegalive on Allegalive of 1944.
8. AGE: Years Months Days It less than one day	Immediate cause of death
2/ / 0/	Jan
86 10 21hrs	elione notavin
8. Birthplace Shillotte County, and state)	Due to
10. Usual occupation Materian	
10. Usual occupation.	Due to.
11. Industry or business (e.g.f)	
12. Name William Hall	Other conditions arterios cleroris
5 13. Birthplace Carchegles Man	(Include pregnancy within 8 months of death)
14. Maiden name Calland	Major findings of operations
14. Maiden name & Mally Mark. 15. Birthplace Describer Co. Md.	Date of op.
16. informant Granulle C. Panels	Autopsy results
and 118 - mil 29/2 1	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Margela Ma. A. M. Amal	22. VIOLENCE: If death was due to external causes, filt in the following;
17. 134444 Date thereof 1/30/40	
(Burial, cremation, or removal, Which?) (month) (day) (year)	
Cemetery or crematory Manhella Linux	Where did injury occur?
Location Markelle Miles	tnjured at home, farm, ladustry, public place (where?)
18. Funeral director and the Massack	Means of injury Injured at work?
Address Hebrew md.	Milliam Eurich
19 1/30/46 19 AH Section	23. SIGNATURE M. D. or other
(Inta ree'd by registrar) Registra	Address Address

ENTERNO PROPERTY OF

RECEIVED

FEB 1 1946

BUREAU V. S.

VS A15

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-0

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	
City or town. (If outside city or town limits, write RURAL and give nearest town)	3 0 1
How long In above place of death?	(1f outside city or town limity, write RURAL and give nearest town)
Hospital, Institution, or sireet address where death occurred:	Street No. hoeldwark
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Richard Janes	219-07-6976
4. Sex 5. Color or race 6.(a) Sipgle/married, widowed, or divorced	MEDICAL CERTIFICATION
male a.a. Morned-budow	1 - 2 4 19 4 C at 10 A.
G. 1 O Shi Af	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wite.	Dec 10 1945 to 1-24 19 4
Allack. 6.(c) If alive, give age years	
7. Birth date of deceased (mo., day, yr.) Alax 21 1886	and that I last saw h. J. Mac. alive on
8. AGE: Years Months Days If less than one day	Immediate cause of death
24 G D- 2 et	Urania
69 8 29hrsmin.	
9. Birthplace Stall de Marie (Town, county, and state)	Due to Qualis yasselds runs
	Characa:
10. Usual occupation Add Line Date of the Control o	Due to.
11. Industry or business Summe, as alease	
12. Name Maries Same	Diher conditions
12. Name Marine Soldward md	
	(Inclode pregnancy within 8 months of death)
E 14. Malden name Add Add Add Add Add Add Add Add Add Ad	Majur findings of operations.
14. Maiden name Millilian Blake 15. Birthplace Baleshury, and	Date of op.
8	
16. Informant Community Co	Autopsy results
Address Julinung ma	22. VIOLENCE: It death was due to external causes, fill in the following;
17 Bussel Date thereof 200 28-1916	
(Burlal, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Hamiltonia	Where did injury occur?(City or town) (Coonty) (State)
Location Scale Lawrence and	Injured at home, farm, Industry, public place (where?)
Location Add Add Add Add Add Add Add Add Add Ad	Means of injury injured at work?
18. Funeral director	
Address Salenlury ma	
1 /2 00 11 Pb 1 2000	23. SIGNATURE. M. D. or other
19. Date red by registrary	10 0 12 N 12 30 11
(Date rec'd by registrar)	Address Date signed

FEB II 1946. BURLAU V R

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9400

CERTIFICATE OF DEATH

			9	0	0	
Reg.	Diat.	No	5	-55	3	

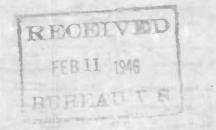
01032

	TO THE STATE OF TH
1. PLACE OF DEATH: Wallemile	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infant) give residence of mother)
(If outside city or town limits, white RURAL and give nearest town)	State County
How long in above place of death?	(If outside city or town lights, write RURAL and give nearest town
Hospital matteriation; or street addys where death occurred	Street No. 546 S. Plenson 14
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME William Barton	3. (b) Social Security Number
4. Sex 5. Color or rave 6.(a) Single, married widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. 19 1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4
Misson E. John	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
B.(b) Name of husband or wife	19 10 19
7. Birth date of	and that I last saw B. L. alive og
deceased (mo., day, yr.) Much 3 42/80/	Immediate cause of death
8. AGE: Years Months Days If less than one day	- Comment of the comm
no de la companya del companya de la companya del companya de la c	Julian Suddle
9. Birthplace (Town, county, and titte)	Due to Corolland Throngson Charles
10. Usual occupation.	
1 70 001	Due to
11. Industry or busines	
12. Name alcomaco as in the state of the sta	Other conditions
14. Maiden name Marcal Pollut	(Include pregnancy within 3 months of death)
6 CARMARA WA	Major findings of operations.
≥ 15. Birthpace ALCONAC.	Date of op.
18. Informant	Antony results
Address 46 A. O. V. A. Ashirty	22. VYOLENCE: If death was due to external causes, till in the following;
17 Sures pate thereof Jan 15-196	Accident, euicide, or homicide.
(Burial, eremation, or pennsal Water)	
Cemetery or crematory	Where did injury occur?
Location	Injured at home, farm, industry, public place (where?)
18. FUNDED BITESTON J. G. / FALLY A. HILL MASS	Mean's of injury Injured at work?
whaling manyland	far Comment of
1/16- N/ Had to Oak	23. SIGNATURE M. D. or other
19. (Date pe'd by registrar)	Address Jo-Collins Date signed 113/46

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

PLEASE



MARGIN RESERVED FOR BINDING

ATE

Dr. Name

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01033

CERTIFICATE OF DEATH

1. PLACE OF DEATH: M. Powif	2. USUAL RESIDENCE (HOME) OF DECEASED;
County / / / COVICE	(For newborn infunts give residence of mother)
Ash elun	State
(If outside city or town limits, write RURAL and give nearest town)	City or town Fireutland
How long In above place of death?	City or town
Hospital, Habitith, or street address where leath occurred:	Street No. F.O - / Street 121
F.B. Hoye,	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
William Francis	Jones
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	Jan 19 th 46 830 a.
2011. 2 9.	20. DATE OF DEATH
6,(b) Name of husband or wife the a force	21-1 CERTIFY that death orgurred on the date above stated; that I attended deceased from
	Jan 194 6 to Jan 1946
7. 6irth date of deceased (mo., day, yr.) Oct. 18-1909	and that I last saw hand alive on
	Immediate cause of death
8. AGE: Years Months Days If less than one day	
36 3 / n	Thus humany than
RD. #4 Salike Md	
9. Birthplace	Due to
Turnet operator 14	
10. Usual occupation.	Due to.
11. Industry or business	
12. Namelle of Shomay mer	Diher conditions
13. Birthplace / NO. # 4 Salley Ma	
# molla cle testinate	(Include pregnancy within 3 months of death)
14. Maiden oame	Major findings of operations.
15. Birthplace RD. #1, talentof mag	Date of op.
16. Information . Mora a. Jones XT william	Autopsy results
Bit Funtland marriand	PHYSICIAN: Please nuderline the cause to which death should be charged statistically.
Halls / Mulling / Mingline	22. V10LENCE: If death was due to external causes, fill in the following;
17 Suriel Date thereof Jan, 21-96	Accident, suicide, or homicide
(Buriai, cremation, or remove) Which?) (day) (year)	
Cemetery or compatory	Where did injury occur?
Salitus Marsland	Injured at home, farm, industry, public place (where?)
Location by The board by The bo	Mans of Injury Injured at work?
18 Funeral director	
Address Saluthing manyland	Margaret M.D.
1/2/ /11/2/2011 1.200	23° SIONATURE M. D. or other
19. 1 12 1 19 19 1 15 aline & sol 10	1/19/4/
(Departer'd by registrar)	Address Date signed

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VS A15

Dr. Ineley

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

01034

CERTIFICATE OF DEATH

Reg. Dist. No. 3.3.3

1. PLACE OF DEATH & Provide	2. USUAL RESIDENCE (HOME) OF DECEASED: 4 (For newborn infafts give residence of mother).
County	May a McConnico
(If outside city or town limits, write RURAL and give nearest town)	Makelane.
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital netterion, or street address where teath occurred:	Street No. // 4 Fin Colul are
How long in hospital or institutions	(if rurai, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
alan Decator	Parnere S. (6) Social Security Humber
4. Sex 5. Color or rape 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White	20, DATE DF DEATH Jan. 9 2 18/6 at M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Tyec. 29 18 45 to Jan 9 19 46
7. 8irth date of 10 P 29 1945	and that I last saw h. A. alive on
deceased (mo., day, yr.) 8. AGE: Years Months Days If tess than one day	Immediate cause of death
/6	The state of the s
Pl Hourt . Achiler Mr.	July July 1
9. 8 rthplace (Town, county, and state)	Due to
1D. Usual occupation.	Due to
11. Industry or business	Due 10.
12. Name Raymond M. Jamore	Dther conditions.
12. Name	
# 14. Maiden name. Beative Budd	(Include pregnancy within 8 months of death)
5 15. Birthplace Walkansus me M.	Major findings of operations.
m. Radan m Dm Lamer	Act/Say results.
16. Interment	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address / That we , sales /	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or remove Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or gematory, Julian Com.	Where did injury occur?
Location Salustry Ind.	Injured at home, farm, industry, public place (where?)
Hollman 11: Well to Thell 4	Means of Injury Injured at work?
18. Authoral director of the Mary and	1 00 -40
Address Sallety Pricy and	23. SIGNATURE The file of the second
19. (Date recid by registrar	Address Dales Centy M. D. of other Madress Dales Company 1/10/96
The River of	- AUU COO Date Signed



2411 N. Charles St., Baltimore 137@

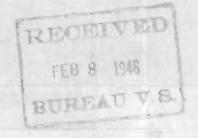
(11135) Reg. Dist. No. 333

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Wilder	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Mille Markey Sounty Miller Work.
City or town (If outside city or town limits, write RURAL and give nearest town)	1/10/11/11/11
How long In above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospilal, institution, or street address where death occurred:	Street No.
How long in hospital or institution?.	(If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Socurity Number
Mosea Marshall	The much the treation of
4. Sex 5. Plor or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
Male Villary Married	20. DATE OF DEATH & CANSULLY 19 46 at 8 7 pm
6.(6) Namo of husband or wife Wilssell Masshell	21. I CERTIFY that realh occurred on the date above stated; that I attended deceased from
	1845, to 1946
7. Birth date of deceased (mo., day, yr) May / - / + + +	and that I last saw harman alive on 19.45
8. AGE: Years Munths Days If less than one day	Immediate cause of death
65 8 0hrsmin.	Haly hybrid flootate in
9. Birthplac Tacomakelett Wancestay mg	Due to.
(Town, county, and state)	Hypertrophed Prostatitis
1D. Usual occupation	Due to
11. Industry or business	
12. Name USOUNT MANUALLY 13. Birthplaco MANULANG	Olher conditions
	(Include pregnancy within 3 months of death)
14. Maiden name A. Mingsty J. Sall 15. Birthplace Maryland	Major findings of operations
15. Birthplace Maryland	Qato of op.
16. Informant MA Delayer M. M. Markette	Antopsy results
Address Sawa Rule Md	PHYStCIAN: Please underline the cause to which death should be charged statislically.
17 Daniel Date thereof Jan. 6/40	22. VtOLENCE: If death was due to external causes, fill in the following:
(Boriai, cremation, or removal Which) (Boriai, cremation, or removal Which) (month) (bay) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location State Adding	Injured at home, farm, industry, public place (where?)
18. Funeral director Afgamel Samuel	Means of Injury Injured at work?
Address Show Will Mg	1/M Mas
116 46 madi 0 9. Och.	23. SIGNATURE M. D. or other
(Date re'd by registrar)	Addross Dato signed 1446

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The carrier age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

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CERTIFICAL	IE OF DEATH Reg. Dist. No. 3.3.3.
1. PLACE OF DEATH: Ye Comile County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn in a party give residence of mother)
(If outside city optown limits) ware RURAL and give nearest town)	State County
How long in above place of death?	City or iown (If outside city or town limits, write RUSTAL and grid nearest town) Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME James Frank 7	3. (b) Social Security Number
4. Sex 5. Color or cace 6.(a) Single, married, widowed, or divorced Male Mule Mule Malner	MEDICAL CERTIFICATION 20. DATE OF DEATH. 9306
8.(b) Name of husband or wife	21. I CERTIFY that desth occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Lent 26-1855	and that fast saw h. s. alive on
8. AGE: Years Morths Days It less than one day 3 15	Immediate cause of death DURATION
9. Birthplace Parkely, and state)	Due ta arterischeris:
10. Usuat occupation.	Due to
11. Industry or business	
12. Name	Dther conditions
14. Malden name Prel	(Include pregnancy within 8 months of death)
14. Malden name	Major findings of operations.
18. Intermatille. Maske Masser Cullic	Autopsy resits
Address & Of W. London are Selecter	22. VIOLENCE: If death was due to external causes, fill in the tollowing;
(Burial, cremation, of removed Which?) Date thereof (mortal (day) (year)	Accident, suicide, or homicide
Cemetery or prematory ()	Where did injury occur?
Location Maryland	Injured at home, tarm, industry, public place (where?)
18. Epilopal pliceto grand for the second se	Mande of Linjury Injured at work?
Address ally I was a few Dal	23. SIGNATURE M. D. or other
19. (Date ce'd by pegisprar)	Address 238 Camain One Date signed 1/2/46

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MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-4

01037

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:

Reg. Dist. No. 333

County Wicomico	(For newboru infants give residence of mother)	
	State Maryland county Wicomic	20
City or town Salisbury, Maryland (12 outside city or town limits, write RURAL and give nearest town) How long in above place of death? Since 5/9/45		
How long in above place of death? Since 5/9/45	City or town Salisbury, Maryland (If outside city or town limits, write RURAL and give ne	arest town)
Kosnital, institution, or street address where death occurred:	Street No. 147 By*Rass	
Eastern Shore Tuberculosis Sanatorium	(If rural, give LOCATION)	********************************
How long in hospital or institution?S.ince5/9/45	2.(a) If veteran, name war	
3.(a) FULL NAME	3.(b) Social Security	Number
37 - 4 - 4		
Morris, Essie A. 4. Sex [5. Color or race 6.(a) Single, married, widowed, or divorced		
4. Sex 5. Color of face 6.(6/Single, married, widowed, of differen	MEDICAL CERTIFICATION	
Female white married	20. DATE OF DEATH January 6 19.46	21 8:35pm
6.(b) Name of husband or wife. Welton Morris	21. I CERTIFY that death occurred on the date above stated; that I attended deco	eased from
C.(v) Relie of Huspanu of Wife	May 9 19 45 to 1/6/46	19
T. Birth date of	and that I last saw her alive on Jan. 6	
deceased (mo., day, yr.) Jan. 29. 1916	Immediate cause of death	
8. AGE: Years Months Days If less than one day		, DOMAINT
29 11 7hrsmin.	Pulmonary Tuberculosis	6 weeks
Princess Anna Manyland		upon
9. Birthplace rincess Anne Maryland (Town, county, and state)	Due to	ad-
10. Usual occupation Laundry-shirt presser	•	mission
	Due to	MITOSION
11. Industry or business		** ************************************
Harry V. Welch 13. Biffurfice & Delaware Maryland Of	Other conditions	• • • • • • • • • • • • • • • • • • • •
13. Billimite Let Delaware Maryland Wel		
14. Maiden name Bertha Ellison 15. Birthplace Delaware, Budgenille	(Include pregnancy within 3 months of death)	
15. Birthplace Delaware, Budgesille	Major fiadings of aperatious.	
12 -4/ 2- /A . A . A . A . A . A . A . A . A . A	Date of op.	**********************
16. Informant self & Million / Mrs. Bertha //	Autopsy results.	-a-a*-a*It
Address 147. Elm it. Laliton Fred.	PHYSICIAN: Ptease nuderline the cause to which death should be charged	statisticany.
B . A Q 1611A	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, cremation, or removal Which?) Date thereof (day) (year)	Accident, suicide, or homicide	
Cemetery or frematogy / austrile Cesse.	Where did injury occur?	
Cemetery or Frematory.		
Location Laurence	Injured at home, farm, industry, public place (where?)	
18. Funeral director to allowing Too. Walter 19	Injured at work?	
Address Salislanger , marylan	et. I o the	
AUDICOS CONTRACTOR OF THE STATE	23. SIBNATURE Jan Com	or other
19 1 9 19 HG1 Bassel de St		
19. (Date fee'd hy registrar)	Address Show Hill, Md., Date signed.	1/1/40

FEB 8 1946 BUREAT V.B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (RI)

CERTIFICATE OF DEATH

(11158 Rog. Dist. No. 3.33

1. PLACE OF DEATH	Z. USUAL RESIDENCE (FIOME) OF DECEASED:
County Juganuch	7. //
City or town	State County LLSMUD
	City or town
How long in above place of death?	(If outside city or town limits, write RUKAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
36 Justile	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Times Manay 80.11	ns
4. Sex 6. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
4.361	0 -
Mi W. Massill	20. DATE OF DEATH 19.46 21 4-25 1.M
Tala Mikalast Phillips	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wite and Malley (This light)	1945, 10 / 9 1946
7. Birth date of	and that I last saw harmalive on 19 14 6
deceased (mo., day, yr.) Assumely 31/890	
8. AGE: Years Months Pays If less than one day	I Immediate Cause of designation
0. AUL.	yorama 17 dayo
54 // & 5hrs	
9. Birthplace	Bueto Oslanes Beenes 17 days
a 13 wh, county, and state)	
10. Usual occupation The Mark	
	Due to
11. Industry or business Sall Mills	
12. Name Illulus S. Chillips	Dther conditions
\$ 13. Birthplace Delaware	
	(Include pregnancy within 3 months of death)
E 14. Maiden name (Mally)	Major fisdings of operations
15. Birthplace Helps Miles	Date of op.
min thelle - All like	Autopsy results
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Harris Mai	
17 Buriel Date thereof Sam. 11, 1976	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide.
Cemetery or crematory, Jollann June	Where did injury occur? (City or town) (County) (State)
1/1/1/24	Injured at home, farm, industry, public place (where?)
Location Location	Injured at home, farm, industry, public place (wherer)
The wanted	Means of Injury 3° Busses of boddspured at work? 200
The World	
Address Alargu Ma	28 STEMATURE Close 1. It slear Zeel
1/11 11/ les 40 ()	M. D. or other
19. (Date reed by registrar) Registrar	Address Selection Sect Date signed 9. 4. 6.
Physician unable to verify age!	7 1

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Dr. Rademake MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (RD)

01039

CERTIFICAT	E UF DEATH Reg. Diat. No.
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State City or town (If outside city or saw limits write EURAL and give nearest town) Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Helen May Bra	and Rimmo 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, windwed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. 20. DATE OF DEATH. 21. DATE OF DEATH.
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19
7. Birth date of deceased (mo., day, yr.) april 7-1924	and that I last saw h
8. AGE: Years Months Days If less than one day min.	1 mmediate cause of death DURATION STATES CHEEK CALL
8. Birthplace (Town, county, and atate)	Due to
1D. Usual occupation.	Due fo
11. Industry or business 12. Name Storige a Sodisin 13. Birthald Shoulle Ma	Dther conditions
14. Malden name	(Include pregnancy within 3 months of death) Major findings of operations
18. Informati M. Blo. a. Johin Address 02 Oak st. Salvey med	Autopsy results
(Burial, eremation, or removal) Which?) Cameters of Comptons Cam	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Where did injury occur?
Commetery or rematory. Location.	(City or town) (County) (State) Injured at home, farm, industry, public place (where?)
Address Schiller Ma	20 SIGNATURE HERVER Charles Englavier
19. (Optore of by registrar) 19 \$160 Haragan Registrar	Address Willistary (W. D. or other Date stand / 14/4/6

RECEIVED FEBU 1946 BUREAU 7 8

Dr. Kitts MARYLAND STATE DEPARTMENT OF HEALTH correct age 2411 N. Charles St., Baltimore 37.00 CERTIFICATE OF DEATH Reg. Diat. No. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECRASED: S. Come Co of information carefully. The (If outside city of town limits, write RUR it and give nearest town How long in above place of death? (If outside city or town limits, writh RURAD and give nearest town) Hospital, Institution of street address where death courred (If rural, give LOCATION) How long in hospital or institution? 2.(a) If veteran, name war..... 3. (a) FULL NAME 3. (b) Social Security Number well 6.(a) Single, married widowed, or divorced 4. Sex MEDICAL CERTIFICATION MARGIN RESERVED FOR BINDING item 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6.(c) If alive, give ageyears 7. Birth date of deceased (mo., day, yr.) Supply lease wri 8. AGE: If less than one day d UNFADING INK. (Town, county, and state) 10. Usual occupation..... 11. Industry or business 13. Birtholace (Include pregnancy within 8 months of death) WITH Major findings of eperations... PLAINLY, V is especially DHYS CIAN: Please underline the cause to which death should be charged statistically 22º VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide..... Where did Injury occur?

PLEASE WRITE (City or town) (County) (State) Injured at home, farm, Industry, public place (where?) Injured at work? Means of Injury

DURATION



VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

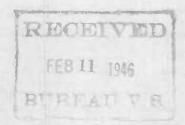
2411 N. Charles St., Baltimore 934

01041

CERTIFICATE OF DEATH

Reg. Diat. No. 333

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Communication Communication County Communication County Communication County Communication County Co	State County Dadles
City or town. (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
May long in above prace of death	
Censula Lunel Nospila	Street No
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	
mallella ring Peter Brillers	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male w graved	2D. DATE DF DEATH. 19.46 at 20.11
6.(b) Name of husband or wife Mrs. Cecal and line	21. I CERTIFY that death occurred of the date above stated; that I attended deceased from
S.(b) Name of husband or wife Mas. Clad. Cashellal.	Jan 1 13 46 to Jan 11 19 46
	and that I last saw h Assa. alive on Jall 11- 19 4 le
7. Birth date of deceased (mo., day, yr.) Janog / H. 18 9/	
8. AGE: Years Months Days If less than one day	Immediate cause at acard
1-11 11 9-9	
6 9 11 8/hrsmin.	Misser Mystelland
9. Birthplace (Town, county, and state)	Due to
10. Usual occupation.	Due to
11. industry or business	
12. Name Dushland Berland	Dther conditions
A O	(Include pregnancy within 3 months of death)
14. Malden name Agary & Diguaray 15. Biritiplace processes 65.	Major findings of operations.
E 15. Birthplace Workesles 60	Date of op.
16. Informant	Antopsy results
Address Beshop nyd	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Burnel Date thereof Janua 14 1946	B /
(Burial, cremation, or removal, Which?) Date thereof (month) (day (rear))	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Acceptantial	Injured at home, farm, industry, public place (where?)
18. Funeral director Jugue gabette B. Watsq	Means of Injury Injured at work?
Address focomoke bily not!	23. SIDNATURE Ling a Justin Mil
19. (Date rec dry registrat) 19 1/6.5 Handell Begistrar	Address Saleshum, M. D. or other Address Saleshum, M. C. Date signed



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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 78

CERTIFICATE OF DEATH

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Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn furants give residence of mother)
County County	State Mary Land County Wicomico
City or town (If outside city or town limits, write RURAL and give nearest town)	11-0
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
How long in hospital or institution?	(If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
George Scarle	orough
4. Sex 5. Color or race (a) Slogle, married, widowed, or divorced	MEDICAL CERTIFICATION
Mall Cal Married	20. DATE OF DEATH 1976 21 /1 19 M
6.(b) Name of husband or wife Do not Know.	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
6.(c) It alive, give age	J 19 10 10 10 10 10 10 10 10 10 10 10 10 10
7. Dirth date of deceased (mo., day, yr.)	and that I last saw h
8. AGE: Years Months Days It less than one day	Immediate cause of death
115-38 hrs. min.	A A STATE OF THE S
7/2	
9. Birthplace (Form, county, and state)	Due to
10. Usual occupation. A. A. A. B. L. S.	Oue to.
11. Industry or business Respublic Mills	0.00
12. Rame Groupe Scarbongh	Other conditions
14. Malden name dellian Drummond 15. Birthplace Virginia.	(Include pregnancy within 8 months of death)
5 15. Birthplace Viginia.	Major findings of operations.
18. Interment annie Lee Shields.	Antopay results.
Address Marionville 13	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Miller 14 18.11	22. VIOLENCE: If death was due to external causes, fill in the tollowing:
(Bnrfal, efemation, or removal, Which?) Date thereo (month) (day) (year)	Accident, suicide, or homicide.
Cometery or crematory St. Lunge	Where did injury occur? (City or town) (County) (State)
Location Daughterty Virginia	Injured at home, farm, industry, poblic place (where?)
11 =11, 100	Means of Injury Harrick on head Injured at work?
18. Funeral director	with oxe
Address Verecomae,	23. SIGNATURE FARadeur for Moo
19. 14 19 46 mis XM Viacon	M. D. of other,
I LINTE COC O DV POSSTRATI & / LA CONTRACTOR A	Address of the state of the sta



The charge trade of the trade of

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The c is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

PLEASÉ.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1318

CERTIFICATE OF DEATH

()1()42 Reg. Dist. No. 333

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	state Maryland county Wicomico
City or town Salisbury, Maryland (If outside city or town limits, write RURAL and give nearest town)	City or town Salisbury, Maryland (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town) Street No. Route #1 (Shad Point)
Eastern Shore Tuberculosis Sanatorium	Street NoAD.U.k.E. 77.1 DIEU DOLLA DO
How long in hospital or institution?\$1,000] 1/1.5/45	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Sirman, Homer J.	217-10-3705
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male white married	20. DATE OF DEATH. January 6 19.46 211:00p M
8.(b) Namo of husband or wife Laura Sirman	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 15 19 45, to 1/6/46 19
7. Birth date of 0.00 \$27 \$36 years	and that I last saw h im alive on January 6, 1946 19
deceased (mo., day, yr.) OCL. 27, 1898	Immediate cause of death
8. AGE: Years Months Days It less than one day	Chronic V/Ephretis 2mo
47 2 9hrsmin.	
9. Birthplace Snow Hill Manuland (Town, county, and state)	Due to
10. Usual occupation. Sawyer	Banks.
11, Industry or business	DUE TU.
월 12 Name William M. Sirman	Dther conditions
13. Birtholace Salisbury, Maryland	(Include pregnancy within 3 months of death)
算 14. Malden name Cordelia West	(include pregnancy within 5 months of death) Major findings of operations
14. Maiden name Cordelia West 15. Birthplace Snow Hill, Maryland	Major hudiugs of operations. Date of on.
1B. Intermant S.elf	Autopsy results
Address	PHYSICIAN: Please nuderline the cause to which death should be charged statistically.
17 Amial Rate therent Jan. 1/46	22. VIOLENCE: If death was due to external causes, fill in the tollowing:
(Burnal, cremation, or repoval, Which)) . Bate thereof (MM. (mouth) (df) (year)	Accident, suicide, or homicide
Cemetery or crematory & J. Coff Market St.	Where did injury Occur?
Location MATIN MALA	Injured at home, farm, industry, public place (where?)
18. Funeral director. Addd Made The Samuel	Means of Injury Injured at work?
Address Snow Will ma	23. SIGNATURE Jane Cohen W. D
19. 1 8 1946 Beere The Sohn	Snow Hill Maryland 1/7/46

FEB 8 1946 BUREAU V.B.

Dive ton

Dr. Grame

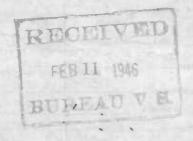
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-d)

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CERTIFICAT	TE OF DEATH Reg. Dist. No. 333
1. PLACE OF DEATH: County City or town. (If outside city or town limits, write RUEAL and give nearest town) How long in above place of death. Hospital, Institution, or street address where death occurred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn insults give residence of mother) State City or town (If gutside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) it veteran, name war
	3. (b) Social Security Number
4. Sex 5. Color or rive 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH
6.(b) Name of husband or wife. 6.(c) If alive, give age. 7. Birth date of deceased (mo., day, yr.) 15. 16. 70	21. I CERTIFY that death occurred on the date above stated—that I attended deceased from 19. 4. 5. to
8. AGE: Years Months Days It less than one day 9. Birthplace (Town, county, and state) 10. Usual occupation	Oue to. Oue to. Oue to. Oue to.
12. Name Atom Atom Amulling 13. Birthplace Atom Atom Amulling 14. Malden name Many Flances Affeir 15. Birthplace Muffet C. And	Other conditions
16. Informant Address O. D.	Autopsy results
18. Funeral director 1870 6. Nafta R. Italian Address Salafley may,	Means of Injured at work? 123. SIGNATURE PRELA MOUNTS WK

Rogistrar Address D. A.



PLEASE

VS A15

Dr. Hanne

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01044

CERTIFICATE OF DEATH

1 4	Reg. Diat. No.
1. PLACE OF DEATH: Mc Comis	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infant) give residence of mother)
Thultand	State County County
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or lows
Hospital, Jashution, or street address where death occurred:	Street No. PO-13-0x 45
1.0.121x 75	If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Elizah Hargist	3. (b) Social Security Number
Male State Married Married Married	MEDICAL CERTIFICATION 20, DATE OF DEATH. 20, DATE OF DATE OF DEATH. 20, DATE OF DEATH. 20, DATE OF DEATH. 20, DATE OF
6.(6) Name of husband or wite Detter Ellen Amull	21.1 CERTIFY that death occurred on the date above stated: that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Com . 22-22/877	and that I last saw http://www.alive on
8. AGE: Years Months Days If less than one dayhrs	Carlos las son Loss
9. Birthplace Trollection Co. R.O. Somm Will (Town, county, and peate)	Due to .
10. Usual occupation.	Due to fara myrocostinio 2 yo
11. Industry or business? 12. Name the the term timeller 13. Birthplace / R. O. Mayer Will med	Other conditions
14. Malden name many Frances Token	(Include pregnancy within 3 months of death)
15. Birthplace must 6. mcf	Major findings of operations
18 interpret . Sertie Ellen Smula	Antopsy results.
Address Best 45 Fruittand md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
(Bnrial, cremation, or reportal, Which?) (Bnrial, cremation, or reportal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or commators	Where did injury occur?
Helemont Salite ned	Means of Injury Industry, public place (where?)
1B. Futielal director	0 1 7 7
Address sausty my	23. SIGNATURE POSTUMEN 910.
19. (Date yet d by registry)	M. D. or other Address Helisham Madres signed 1/11/4/6

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg Dist No. 333

4		
o de cor	1. PLACE OF DEATH: HECONICS	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mothers)
legil	City or town Calcutury	State County
efully.	(If outside city or town limit write RUPAL and give nearest town)	City or town
efu.	How long in above place of death?	301 c. maleling it
care	301. E. polle me	Street No
on cle	How long in hospital or institution?	2.(a) If veteran, name war
ormati	3. (a) FULL NAME Larry James Da	3. (b) Social Security Number
em of inf	14. Sax 5. Color or rate 6.(a) Single, married, wildowed, or divorced Male Manuel	MEDICAL CERTIFICATION 20, DATE OF DEATH. 20, DATE OF DATE OF DEATH. 20, DATE OF DATE OF DEATH. 20, DATE OF DEATH. 20, DATE OF DEATH. 20, DATE OF D
cal	Betha M. Joadnin	21. I CERTIFY that south occurred on the date above stated; that I attended deceased from
y if	6,(b) Name of husband or wife	1-7 19 16 10 1-7 19 46
ver e t	7. Birth date of	and that I last saw h allve on Deed on on Vago
y e	deceased (mo., day, yr.) 99, 20 27883	Immediate,cause of death
Supply evenease write	8. AGE: Years Months Days It less than one daymin.	Coroney Declusion
, Ta	8. Birthplace R.O. Salistury Md,	Due to
ADING INK Physicians:	(Town, county, and state)	
G	1D. Usual occupation.	Due to
ysı	11. Industry or business . Jake Business of	
AP	12 Name Villiam Jame Joad	Diher conditions
It.	13. Birthplace P.D. Sallifus Mc	
WITH UNI important.	# 14. Malden name Clara Emily Birin	(Include pregnancy within 3 months of death) Major findings ol operations.
WITH	15. Birthplace MREster Con J Md.	Major initings of operations
	Mrs. Bertha M. Iraduna	Autoby results uan
AINLY, especially	16. Intermant	PUTSICIAN: Please underline the cause to which death should be charged statistically.
LAINLY especial	Addres 501. C. Martine M. Manuer 10	22. VIOLENCE: If death was due to external causes, fill in the tollowing;
	(Bnrial, cremation, or repoyal, Which?) Date thereot (Jaconth) (day) (fear)	Recident, suicide, or homicide
E S	a Paramer Time.	Where did injury occur? (City or town) (County) (State)
ITE	Cemetery or frematery Many and	(City or town) (County) (State)
WR	Location 4 C Mc 12 - 12 7/1/1	Means of Injury / Injured at work?
国	18. Funeral Director	
SEE	Address Salubry Mid.	B. SIGNATURES Timerstausen M. D.
PLE	19. 1/10, 10. 46. Haggest & D	frutting Lisbury MJ M.D. or other
	(I) oto whe'd by recounter) Reputrar	II ANTIVOCO III II I

FEB 4 1946 BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

1	N.	Charlee	St.,	Baltimore	
à	14.	Charles	St.,	Daitimore	

2411 N. Charlee St., Baltimore /80 CERTIFICATE OF DEATH

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,	Reg Dist No.	73	3

Sinter of the control entry or pown limits, writy sillikal, and give nearest town) We line in above place of death?	1. PLACE OF DEATH: Mconico	2. USUAL RESIDENCE (HOME) OF DECEASED # (For newborn infinite give residence of mother)
too loop in hospital or institution? Street No. Circumstate of deaths According to the property of the pr	1 Aglastian	State MAI D County / Comics
Store No. (If reven), give LOCATION) Store No. (If reven), give LOCATION) Store No. (If reven), give LOCATION) 3. (a) FULL NAME 3. (b) Social Security Number 4. Six	(If outside city or fown limits, write RURAL and give nearest town)	10 Les
Street No. (If rure), give LOCATION) 3. (a) FULL NAME 1. Sign of less of les	How long in above place of death?	(If outside city or town limits, write RUSAL and give nearest town)
800 long in hospital or institution? 3. (a) FULL NAME 1. Sign Strip of the Schools of the Schools of Schools	Hospital, Institution, or street address where death occurred.	Street No. 102 0 ap 1 must
3. (a) FULL NAME 1. Set and the state of th		(If rural, give LOCATION)
4. Set. A.	How long In hospital or Institution?	2.(a) If veteran, name war
S. (b) Name of husband or wife 5. (c) Name of husband or wife 15. Birth date of deceased (ma. day, rr.) 16. Birth date of deceased (ma. day, rr.) 17. Birth date of deceased (ma. day, rr.) 18. AGE: Years Months Days If less than one day 19. Birthplace Gywn, county, and state) 19. Usual occupation. 11. Industry or business 12. Barne. 13. Birthplace Gywn, county, and state) 14. Maiden name. 15. Birthplace Gywn, county, and state) 16. Information Major findings of operations. 17. Major findings of operations. 18. Address D. F. 2 Findings Days Glary (year) 19. Deenetry of cremator, or rengwal, Whichi? Days Glary (year) 19. Deenetry of cremator, or rengwal, Whichi? Days Glary (year) 10. Usual occupation Days Glary (year) 11. Industry or business Days Glary (year) 12. Rame. Days Glary (year) 13. Birthplace Gwyn, county, and state) Days Glary (year) 14. Maiden name. Days Glary (year) 15. Birthplace Gwyn, county, and state) Days Glary (year) 16. Birthplace Gwyn, county, and state) Days Glary (year) 17. Birthplace Gwyn, county, and state) Days Glary (year) 18. Toneral digentity Glary (year) Glary (year) 19. Toneral digentity Glary (year) 10. Usual occupation Gwyn, county, and state) 11. Industry or business Gwyn, county, and state) 12. Rame. Due ta. 13. Birthplace Gwyn, county, and state) 14. Maiden name. Gwyn, county, and state) 15. Birthplace Gwyn, county, and state) 16. Information Gwyn, county, and state) 17. Birthplace Gwyn, county, and state) 18. Toneral digentity Gwyn, county, and state) 19. Toneral digentity Gwyn, county, and state		
S. Of Institute of white date of the state o	4. Sex Male 5. Color or fice 8. Callingle, married, widowed, or divorced While Wildows	9 9 13th 46 / 15G
To Girth Gate of deceased (mo, day, 777) 8. AGE: Years Months Days If less than one day 10. Usual occupation. 11. Industry or business 12. Name 13. Birthplace 14. Maiden name. 15. Birthplace 16. Informati 17. Maiden name. 18. Informati 18. Informati 19. Usual occupation. 19. Usual occupation. 10. Usual occupation. 11. Industry or business 11. Industry or business 12. Name 13. Birthplace 14. Maiden name. 15. Birthplace 16. Informati 17. Maiden name. 18. Informati 19. Usual occupation. 10. Usual occupation. 11. Industry or business 11. Industry or business 12. Name (Include pregnancy within 3 months of death) Major findings of operations. 18. Informati 19. Usual occupation. 19. Usual occupation.	6.(3) Name of husband or wife wifelle haly	o - tro
Total age of deceased (no. day, yr.) Mary Days If less than one day Immediate cause of death Duration		I de or es
S. AGE: Years Months Days If less than one day S. Birthpiace	I f. birth date of	me in a
S. Birthplace 10. Usual occupation. 11. Industry or business 12. Name. 13. Birthplace 14. Maiden name. 15. Birthplace 15. Birthplace 16. Informant 17. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 17. Cemetery or company (day) (year) 18. Funeral disputs 19. Address 10. Usual occupation. Due to. Unclude pregnancy within 3 months of deeth) Major findings of operations. Major findings of operations. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (Copnty) (State) Injured at home, farm, indystry, public place (wbprg?) Address Address M. D. or other M. D. or other		
10. Usual occupation. 11. Industry or business 12. Name. 13. Birthplace 14. Maiden name. 15. Sirthplace 16. Informant Address 17. Determination, or reminated with the following: 18. Company 19. Control of the conditions 10. Usual occupation. 10. Usual occupation. 11. Industry or business 12. Name. (Include pregnancy within 3 months of death) Major findings of operations. (Include pregnancy within 3 months of death) Major findings of operations. Autopsy remits. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. (Copinty) (State) (Copinty) (State) Injured at home, farm, industry, public place (wipers) Michael of Injury occur? (Copinty) (State) 19. Address M. D. or other	33 8 10hrsmin.	Burn of entire Rodey
10. Usual occupation. 11. Industry or business 12. Name. 13. Birthplace 14. Maiden name. 15. Sirthplace 16. Informant Address 17. Determination, or reminated with the following: 18. Company 19. Control of the conditions 10. Usual occupation. 10. Usual occupation. 11. Industry or business 12. Name. (Include pregnancy within 3 months of death) Major findings of operations. (Include pregnancy within 3 months of death) Major findings of operations. Autopsy remits. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. (Copinty) (State) (Copinty) (State) Injured at home, farm, industry, public place (wipers) Michael of Injury occur? (Copinty) (State) 19. Address M. D. or other	Bevergetown Delavare	Thus to
11. Industry or business 12. Name	(Town, county, and state)	
11. Industry or business 12. Name	10. Usual occupation	Due to
13. Birthplace 14. Maiden name 15. Birthplace 16. Informant Address 17. Burial, cremation, or remyal, Which?) 18. Funeral different 19. Address 19. Address 19. Address 19. Address 10. Major findings of operations. (Include pregnancy within 3 months of death) Major findings of operations. Major f	11. Industry or business Flaume	
13. Birthplace 14. Maiden name 15. Birthplace 16. Informant Address 17. Burial, cremation, or remyal, Which?) 18. Funeral different 19. Address 19. Address 19. Address 19. Address 10. Autopsy results. (Include pregnancy within 3 months of death) Major findings of operations. (Include pregnancy within 3 months of death) Major findings of operations. (Include pregnancy within 3 months of death) Major findings of operations. (Include pregnancy within 3 months of death) Major findings of operations. Major findings of operations. Major findings of operations. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, Industry, public place (where?) Means of injury. Mans	I 12 Hame Jeacy	Péter conditions
14. Maiden name	10.0	
Major findings of operations Date of op.	Bloom Diace	(Include pregnancy within 3 months of death)
16. Informant 16. Informant 17. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 18. Emeral different 19. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (County) (State) 18. Funeral different Address Address Address M. D. or other M. D. or other		Major findings of operations. 2002
Address PD, #2 Ficantified Def PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Address Ad	E 15. Sirthplace Slorgeloum Kief.	
Address PD, #2 Ficantified Def PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Address Ad	16 informat My, Eldin M. Donovan	Autopsy results.
22. VIOLENCE: tf death was due to external causes, fill in the following; (Burial, cremation, or remysal, Which?) Cemetery of crematory Location 18. Funeral difference Address Address Address 19. A 2 0 19 A 6 19	pm Hot. 11000	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Cemeter of crematory Location Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Address Lawren Address La	17 Burel Date thereof Jan, 20-46	0 0010/10 1/12/47
Injured at home, farm, Industry, public place (where?) 16. Funeral difference of the state of t	M/Lactoria (Salular mesones Mal
16. Funeral officerory of the Means of Injury Address Statute of the Means of Injury of the Injury o	Cemetery of crematory	(City or town) (County) (State)
16. Funeral difference of the state of the s	Location Location	as the contract of
Address Salustary & maryland, 237 SIGHTURE Deputy West January 19 1/220 19 2/6 Programmed To Deputy West January 19 M. D. or other	16. Funeral offetor Helloway + 6. / Heller & St.	Means of Injury Injured at work?
19 1/20 19 Aby Balageet & Bhuta 1 1 1 M. D. or other	Addressalisty mayland,	Deputy head Janey
	19. (Datagee'd by registrar) 19. Registrar	Address Jalishy Med Date signed 1944

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BUREAU V.S.

2411 N. Charles St., Baltimore 940

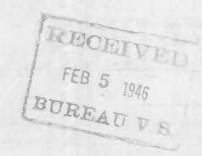
CERTIFICATE OF DEATH

01047 Reg. Dist. No. 3.3/

1. PLACE OF, DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infunts give residence of mother)
County Wicomics	State Maryland County Wicomics
City or town	
How long in above place of death? about 8 years	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Sireet No
Quantico Maryland	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mrs. angre Jull	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female aa widow	28. DATE OF DEATH 3 4 9 1 9 10 M
8.(b) Name of husband or wife Frank Jule	21. I CERTIFY that death occurred on the date above stated; that attended deceased from
C (a) It allow give and weare	Jes 6 19 6 10 9 7 19 8 6
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.) 3 - 6 - 1000	Immediate cause of death
o, Add,	
62 /0 3hrsmln.	
9. Birihplace (Town, county, and state)	Due to
10. Usual occupation. Domestie	Due to
11. Industry or business Same	
12. Name Columbus Burens 13. Birthplace Chance Maryland	Other conditions
13. Birthplace Chance Maryland	(Include pregnancy within 3 months of deuth)
14. Majden name Easter Dashiell	
15. Birthplace White Haven Maryland	Major findings of operations
16. Interment Mrs Marysret Dashiele	A -to
0 th m 0.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
0 1 -13-11-	22. VIOLENCE: It death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Chance Cemetery	Where did injury occur?
C1. m. 00.00	Injured at home, farm, industry, public place (where?)
Location Tanger of States of	Meens of Injury Injured at work?
18. Funeral director.	4 · · · · · · · · · · · · · · · · · · ·
Address 402 E. Church St. Salsbury 11cl	23. SIGNATURE. O. O. C. M. D. or other
19. Jaw 6 19.46 Mus M. Wallag Registrar	Address Salisland Mod Bate signed 10-4

ADING INK. Supply every item of information carefully. The correct age Physicians: please write the causes of death clearly and legibly. ARGIN RESERVED FOR BINDING WRITE PLAINLY, WINH UNF is especially important.

PLEASE



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Tod

CERTIFICATE OF DEATH

2019	148		
Reg. D	st. No.	3	33

	ACS. Disc. Notes and international
1. PLACE OF DEATH: Ne comic	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infant) give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State
How long in above place of death?	City or town
Hospital, institution or preet address where death occurred:	
301, E pare perus	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
	. Turlley
4. Sx 5. Color or lace 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Mule Midower	20, DATE DE DEATH 7 am . 22 nd 1946 at 115 Pm
Jack Emme. Quelle	M. I CERTIFY that death operred on the date above stated that I attended deceased from
6.(b) Name of husband or wife	2. 1 central that death outside on the date above states that attended deceased from
7. Birth date of	02/19
deceased (mo., day, yr.) 04, 8 1862	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
83 3 14hrsmin.	
P.D. Salishum Md.	Wasseles !
9. Birthplace	Due to
10. Usuat occupation.	
Helesse	Due to
11. industry or business	Jan
12. Name. Refut Suiller 13. Birthplace Wilcomit to Ko. Mel,	Differ condition
	(Include pregnaucy within 3 mouths of death)
14. Malden name Cestler Regard 15. 6irthplace Nalsmiles 6. m.	A A Constant and the same of t
15. Birtholace Wilson Co G. May.	Major findings of operations
Alamila Kilna	Date of op
18. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address + Nato Walfame Jacker	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
- Michaels Ruin Facto	
Cemetery or comatogy	Where did injury occur?
Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director of Co. Halland, bullioner	Means of Injury Injured at work?
Address Salety Marsland	Al Pyman
NUIS 53	23 SIGNATURE
19. 1/26 1986 Harriet Dosh	M. D. or other
(Dato rec'd by registron) Registrar	Address Jacoby Date signed 123/4/4

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Dr. Wann

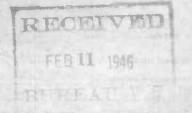
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 234)

CERTIFICATE OF DEATH

U1	114	0		
	month.	U	3	33

1. PLACE OF DEATH: Viconic	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infasts give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State State Stuniy
How long in above place of death?	City or town (If outside city or town timits, write RUBAL and give nearest togin)
Hospital, Institution, of street address where death accurred:	422 & naple it.
Cherry it.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Frederick Edward	3. (b) Social Security Number
4. Sex 5. Color of rice 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. 20. DATE OF DEATH. 20. DATE OF DEATH.
6.(b) Name of husband or wife. Ella nova Wagner	21-1 CERTIFY that death ocodred on the date above stated; that I altended deceased from
ONIGO	1846, 10 Jan 8 1946
7. Birth date of deceased (mo., day, yr.) 47 21 1867	and that I last saw h. Araq alive on
8. AGE: Years Months Days If less than one day	Immediate caose of death
78 3 17min.	Kan my to the to
9. Birthplace Salling Mc	Due to
10. Usual occupation.	
11. Industry or business & Machinist	Oue fo
12. Name William Wagner	Other conditions.
13. Birthplace Bernary	
E 14. Malden name/legina B. B. Brefe	(Include pregnancy within 3 months of death) Major findings of operations.
15. Birthplace Serman	Date of op.
18. Information John Magner	Antopsy results
Address / Squily They.	PHYSICIAN: Please ooderline the cause to which death should be charged statistically.
Bure 1 9 mar. 12-46	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal Which?) Date thereof	Accident, suicide, or homicide
Cemetery or cramatory	Where did injury occur?
Location Salishum Ind	Injured at home, farm, industry, public place (where?)
18 Junior director man of G. Walter P. John	Injured et work?
Address Salisty md.	Jonnes mill.
19. 1 / 12 /19dy G. Harriat & Och	23. STONATURE M. D. or other M. D. or other



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2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 333

County Salisbury Maryland Slate Maryland County Wicomico City or town (If outside city or town limits, write RURAL and give nearest town) Salisbury
Only of the state
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Since 10/21/43 (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:
Lastern Shore To. Sanstorium (if rural, give LOCATION)
How long in hospital or institution? Since 10/21/43 2.(a) If veteran, name war.
3. (a) FULL NAME 3. (b) Social Security Number
Waller, James A Ser 5 Color or race 6.(a) Single, married, widowed, or divorced 1
MEDICAL CERTIFICATION
Male White Single 20. DATE OF DEATH January 18 19. 46 .47:15
6.(b) Hame of husband or wife
October 21 1943 to Jan. 18 194
7. Birth date of North 27 7 9 7 7 9 9 9 19 19 19 19 19 19 19 19 19 19 19
deceased (mo., day, yr.) Nov. 21, 1880 8. AGE: Years Months Daya It less than one day Immediate cause of death
o. Add.
- Control of the state of the s
g. Birthplace Somerset County, Maryland Due to mont
10. Usual occupation Ironer - Shirt Factory
11. Industry or business Due to Graterial Landing Control of the Control of
12. Name Not Known Other conditions Valvular heart lesion under
▼ 49 Biddeless
(Include pregnancy within 3 months of death)
Major nugiues of operations
16. Informani Self Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address
Burial Burial Date thereot. I. (Month) Date of Date of
Cemetery or crematoryAllenMethodistGemetery
Location Allen, Md. Injured at home, farm, industry, public place (where?)
18. Funeral director
Address Salisbury Md 23, SIGNATURE M. D. or other
19. (Date pe'd by registrar) M. D. or other

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MARYLAND STATE DEPARTMENT OF HEALTH

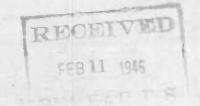
2411 N. Charles St., Baltimore Birm

01051

CERTIFICATE OF DEATH

Reg. Diat.	No. 3.	33
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1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced 6.(b) Name of husband or wife	MEDICAL CERTIFICATION 2D. DATE OF DEATH 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19
7. Birth date of 7. 3. 1946	and that I tast saw halive on
deceased (mo., day, yr.) gamuary 22,	Immediate cause of death
8. AGE: Years Months Days It less than one day	Due to.
10. Usual occupation	Due to.
11. Industry or business 12. Name 12. Name 12. Name 13. Birthplace 14. Malden name 14. A. Calhumul Hillson 15. Birthplace 15. Birthplace 15. Birthplace 16. Birthplace 17. A. Calhumul Hillson	Other conditions
\$ 15. Birthplace Our .	Date of op.
16. Informant Address	Actopsy results
	22. VIOLENCE: If death was due to external causes, till in the following;
11	Accident, suicide, or homicide
Cemetery or crematory	Where dld Injury occur?
Location	Injured at home, tarm, Industry, public place (where?)
	Mesos of injury Injured at work?
1B. Funeral director	0-091
19. Date reg d by registrar) 19 A 6 1 Haggier Registrar	23. SIGNATURE M. D. or other Address Date signed 1-23-46



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /8

CERTIFICATE OF DEATH

Reg.	Diat.	No.	2	3	3
COE.		* ***	COLUMN TO SERVICE	The same of the sa	H PROMADAM

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give recidence of mother)
City or town	State Maryland County Warrenter
(If outside city or town limits write RURAL and give nearest town)	City or town
How long in above place of death?	Street No.
Personale Shoul.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Wilkerson Levin	3. (b) Social Security Number
7 nole St. Color or race B.(a) Single, married, widowed, or divorced Lugar	MEDICAL CERTIFICATION 20. DATE OF DEATH. 1 3 4 7 9 M
	21. I CERTIFY that death occurred on the date above stated; that I stjanded decaged from
6.(b) Name of husband or wife	19 10 18
7. Birth date of 6. (c) If alive, give age years	and that I last saw h
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death
7.5 8 19 hrs. min.	3 nd degree turns of
nha - a to	
9. Birthplace	DUB 10
10. Usual occupation. Farmer	Due to
11. Industry or business Farming.	
12. Name Sea Milkerson 13. Birthplace Mid.	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name Delaract Bremer. 15. Birthplace 222	Major findings of operations.
5 15. Birthplace 2nd	Date of op.
18. Informant Nature Baker	Antopsy results
Address Beshop md	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Buncal Brightness Dr. 185, 194	Accident, suicide, or homicide.
(and e. HUVI)	Where did injury occur? he he holesquale hussons he (City or town) (County) (State)
Cemetery or crematory.	Injured at home, farm, Industry, public place (where?)
Location Do	Meene of Injury ail draw & plotel Injured at work?
18. Funeral director	new stone was
Address Sulfagnelle Del.	23. SIDNATURE. deputy M.D. or other
10 1/16- 19/8/6. Lagget & Sp.	Ruebland River In 1
(Date rec'd by registpar)	Address Date signed Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /48-6

CERTIFICATE OF DEATH

01053 Reg. Dist. No. 333

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County W. Comuco	(For newborp infants give residence of mother)
City or town. (If outside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of death?	(If outside city or town lights, write RJURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Bireet No.
Immoult Dequel Northe	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Wilkerson-mis Violet	Gone
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Timele W Hamus	20. DATE DE DEATH
ma & Find	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8, (b) Name of husband or wife Mr. Crust Willsurson	
	Llic. 29 19 45 to Jan 8 19 46
7. Birth date of deceased (mo., day, yr.) ones 16 - 1915	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death
0. 1.02.	acute nephrotos 12 des
30 / Immin.	acute befatitio
9. Birthplace Survey Leef	Due to
1D. Usual occupation Arusellevach	BI.
11. Industry or business	DUE TO.
E 12 Name See Geflets	Other conditions Direction -3 ms pray 8 days
12. Name. Sel Guste Courty Lel.	(Include pregnancy vithin 3 months of death)
14. Maiden name. In a gil mitchell 15. Birthplace Supply County, Selwert.	(Include pregnancy within 3 months of death) Major findings of operations,
15. Birthplace Stepping County, Seelment.	Major findings of operations. Trockestory Date of op. 1/5/46
16. Informant Corest Misherson	Autopsy results as of
Address Delma del	PHYSiCiAN: Please nuderline the cause to which death should be charged statistically,
B 11 16 111	22. VIOLENCE: tt death was due to external causes, till in the following:
(Burial, oremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or cremature Send	Where did injury occur?
Sull A - Ala Jail	Injured at home, farm, industry, public place (where?)
1.1 C 11	Means of Injury Injured at work?
Address Helmon, Beloware	73. SIGNATURE La Kademah
19. (Date bee'd by registrar) (Date bee'd by registrar)	Address Falesbury, nd Bate spread / 8/46.

FEB 8 1945 BUREAU V R

